


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90167 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000004339					
1. Corporation Name BANKATLANTIC FACTORS INC.					
Principal Place of Business 1750 EAST SUNRISE BLVD FORT LAUDERDALE FL 33304			Mailing Address 1750 EAST SUNRISE BLVD FORT LAUDERDALE FL 33304		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/03/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0726371	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FURMAN, JACK A 1750 EAST SUNRISE BLVD FORT LAUDERDALE FL 33304			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	LEVAN, ALAN B				
STREET ADDRESS	1750 EAST SUNRISE BLVD				
CITY-ST-ZIP	FORT LAUDERDALE FL 33304				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GREICO, FRANK V				
STREET ADDRESS	1750 EAST SUNRISE BLVD				
CITY-ST-ZIP	FORT LAUDERDALE FL 33304				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	SPECTOR, JAMES C				
STREET ADDRESS	1750 EAST SUNRISE BLVD				
CITY-ST-ZIP	FORT LAUDERDALE FL 33304				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	CARVALHO, JEAN				
STREET ADDRESS	1750 EAST SUNRISE BLVD				
CITY-ST-ZIP	FORT LAUDERDALE FL 33304				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	EVANES, JASPER				
STREET ADDRESS	1750 EAST SUNRISE BLVD				
CITY-ST-ZIP	FORT LAUDERDALE FL 33304				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
3.2 NAME	S.R.V.P. JACK A. FURMAN				
3.3 STREET ADDRESS	1750 E. SUNRISE BLVD.				
3.4 CITY-ST-ZIP	FT. LAUDERDALE FLA. 33304				
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
4.2 NAME	SECRETARY/TREASURER				
4.3 STREET ADDRESS	JANETT S. LEVAM				
4.4 CITY-ST-ZIP	1750 E. SUNRISE BLVD.				
	FORT LAUDERDALE, FLA. 33304				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)